

**Quotation for Small Purchases (QSP)  
Conditions to Quote  
Pickaway Metropolitan Housing Authority  
Solicitation Q19.009: Snow & Ice Removal**

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The Pickaway Metropolitan Housing Authority (PMHA) wishes to contract with a qualified company for the purpose of snow and Ice removal and treatment on properties owned and managed by PMHA. Those properties are detailed herein. This applies to the winter period beginning December, 2019 and concluding in the spring of 2020, with the option to extend the contract for up to four additional one year periods upon agreement of both parties.

PROCEDURE: Those wishing to submit proposed pricing must do so on the Form of Quote provided at the end of this document. Please submit your proposal to the Pickaway Metropolitan Housing Authority office, 176 Rustic Drive, Circleville, Ohio 43113 **no later than 4:00 p.m. on Monday, November 18, 2019.**

PMHA will accept the proposed pricing in person or by mail delivery only. Please mark the outside of the **sealed** envelope "**QSP: Snow & Ice Removal**".

- 1.0 PMHA CONTRACT: All questions pertaining to this QSP shall be addressed to Dale Hendrix, Maintenance Supervisor. The preferred method of communication is email: [dhendrix@pickawaymha.com](mailto:dhendrix@pickawaymha.com) or telephone at 740-207-0638.
- 2.0 APPLICABILITY: By submitting a quote to PMHA, the firm or individual doing so (hereinafter, "the quoter") is automatically agreeing to abide by all terms and conditions listed herein, including those terms and conditions within the HUD document, *Table 5.1, Mandatory Contract Clauses for Small Purchases Other than Construction*, which is attached hereto.
- 3.0 PMHA RESERVATION OF RIGHTS: PMHA reserves the right to:
  - 3.1 Reject any or all quotes, to waive any informalities in the QSP process, or to terminate the QSP process at any time, if deemed to be in the best interest of PMHA;
  - 3.2 Terminate a contract awarded pursuant to this QSP at any time for its convenience upon delivery of a 30-day written notice to the apparent or successful quoter;
  - 3.3 Reject and not consider any quote that does not, in the opinion of the Review Committee meet the requirements of this QSP, including but not necessarily limited to incomplete quotes or non-requested items or services;
- 4.0 QUOTER'S RESPONSIBILITY: Each quoter must carefully review and comply with all instructions provided herein, and provided within any named attachments.

- 5.0 DEADLINE: Each quoter shall submit his/her proposed costs, prior to the posted deadline, as provided for herein. Whereas this is an informal solicitation process, PMHA reserves the right to extend the posted deadline at any time prior to the deadline, if, in the opinion of the Executive Director, it is in the best interests of PMHA to do so.
- 6.0 HOLD PRICES/NON-ESCALATION: By submitting a quote, and whereas the quote sum submitted is a firm-fixed quote, each quoter thereby agrees to "hold" or not increase the proposed quote prices during the term of the work, unless mutually agreeable to both parties.
- 7.0 AWARD CRITERIA: The proposals will be reviewed by the Review Committee, comprised of the Maintenance Manager, Finance Manager and the Executive Director who reserves the right to submit additional questions to the contact person of those companies submitting proposals. If an award is completed pursuant to this QSP, and unless otherwise instructed in writing by the Review Committee, award shall be made to the responsive and responsible quoter that submits the lowest cost.
- 8.0 INVALID OR ALTERNATIVE QUOTES: Failure to complete and submit all required information, or to add any additional requirements not acceptable to PMHA, may invalidate the quote submitted. Furthermore, PMHA shall reserve the right to reject, without consideration, alternate quotes, meaning those that do not meet the requirements of this QSP.
- 9.0 QUOTE COSTS: There shall be no obligation for PMHA to compensate any quoter or prospective quoter for any costs that he/she may incur in responding to this QSP.
- 10.0 ASSIGNMENT OF PERSONNEL: PMHA shall retain the right to demand and receive a change in personnel assigned by the successful quoter to provide services to PMHA if PMHA believes that such change is in the best interest of PMHA and the completion of the work or provision of the items.
- 11.0 UNAUTHORIZED SUB-CONTRACTING PROHIBITED: The successful quoter shall not assign any right, nor delegate any duty for the work proposed pursuant to this QSP (including, but not limited to, selling or transferring the ensuing PO or contract) without the prior written consent of the Executive Director. Any purported assignment of interest or delegation of duty, without the prior written consent of the Executive Director shall be void and may result in the cancellation of the contract with PMHA.
- 12.0 LICENSING AND INSURANCE REQUIREMENTS:

The following is not required with the response to this QSP, but the awarded firm shall provide the following before the contract can be executed:

- 12.1 An original certificate evidencing the quoter's current industrial (worker's compensation) insurance carrier and coverage amount;
- 12.2 An original certificate evidencing General Liability coverage, naming PMHA as

an additional insured, together with the appropriate endorsement to said policy reflecting the addition of PMHA as an additional insured under said policy (minimum of \$1,000,000 each occurrence, general aggregate minimum limit of \$1,000,000, together with damage to premises and fire damage of \$50,000 and medical expenses any one person of \$5,000), with a deductible of not greater than \$1,000;

- 12.3 An original certificate showing the quoter's automobile insurance coverage in a combined single limit of \$500,000. For every vehicle utilized during the term of this automobile insurance coverage with limits of no less than \$50,000/\$100,000 and medical pay of \$5,000.

13.0 DOCUMENTS THAT APPLY TO THIS QSP:

- 13.1 The following must be completed and submitted in response to this QSP:

13.1.1 The Form of Quote, located at the end of this document, including pricing information.

13.1.2 Section 3 Employment Certification form (attached). A copy of 24 CFR 135, commonly known as Section 3, will be delivered by PMHA to any firm upon submission to the Executive Director of a written request for such. The successful quoter hereby agrees to comply with all requirements of the HUD Section 3 Program as detailed therein. If a bidder chooses to certify as a Section 3 quoter, he/she shall be required to, as detailed therein, "to the greatest extent feasible....provide economic opportunities to low-and very-low income persons," meaning, if the successful quoter must hire anyone to help with the work, he/she must submit a work plan showing how he/she will give first preference to such jobs to Section 3 persons.

13.1.3 Drug-Free Workplace Compliance Affidavit

13.1.4 Delinquent Personal Property Tax Status Affidavit

13.15 Information for Labor Reporting form

13.1.5 PMHA reserves the right to require the successful quoter/contractor to utilize any form required by HUD to complete the required work and by submitting his/her quote each contractor agrees to do so at no additional charge.

- 13.2 HUD form *Table 5.1, Mandatory Contract Clauses for Small Purchases Other than Construction* is included as required.

- 14.0 CONTRACT: The successful proposal will require a written agreement between the service provider and the Pickaway Metropolitan Housing Authority.

14.1 *This agreement is for the winter snow and ice season, beginning December, 2019 and concluding in the spring of 2020 with the option to extend the contract for up to four additional one year periods upon agreement of both parties.*

## 15.0 SCOPE OF WORK

PMHA authority owns and/or manages the following areas that will require snow and ice removal and treatment.

Please note that we are requesting proposals on five (5) separate areas by location.

Proposals should include removal of snow from parking lots, including between cars when possible, so elderly and disabled residents can have access to their vehicles.

Proposals should include application of salt and/or other available materials to provide safety advantage for walking and/or driving when possible. **Note the specification for Calcium Chloride for De-icing of the new sidewalks at Eden Place (Area #2), Pickaway Terrace (Area #3) and Louise Terrace (Area #4).**

- **Area #1:** Circleville Location – Parking lots and surrounding sidewalks at 176 Rustic Drive, inclusive of office and residential sidewalks.
- **Area #2:** Circleville Location – Parking lot and surrounding sidewalks at Eden Place, 1175 Atwater Avenue (Calcium Chloride use on sidewalks)
- **Area #3:** South of Circleville Location – Parking lots and inter-connecting sidewalks at Pickaway Terrace. Inclusive of all lots and sidewalks on both Arapaho Drive and Chickasaw Drive locations, including office lot and surrounding sidewalks. Primary address for this location is 2105 Arapaho Drive. (Calcium Chloride use on sidewalks)
- **Area #4:** Ashville location – Parking lot and surrounding sidewalks at Louise Terrace, 270 Lexington Avenue. (Calcium Chloride use on sidewalks and parking lot).
- **Area #5:** Williamsport Terrace – Parking lot and surrounding sidewalks at South Water Street apartment complex, corner of S. Water Street & Deercreek Road.

16.0 EQUAL OPPORTUNITY EMPLOYMENT: Firms agree that there will be no discrimination as to race, gender, religion, color, age, creed or national origin in regard to obligations, work and services performed under the terms of any contract ensuing from this QSP.

**FORM OF QUOTE: PMHA SNOW & ICE REMOVAL**

Each quoter shall submit his/her quote on this form only by **Monday, November 18, 2019 no later than 4:00 p.m.**

Location	Cost Per Each Instance, Snow & Ice Removal & Treatment
Area 1: Circleville Location – Office and residential Parking Lots & Surrounding Sidewalks, 176 Rustic Drive	
Area 2: Circleville Location – Eden Place parking lot and surrounding sidewalks, 1175 Atwater Avenue. (Calcium Chloride on sidewalks instead of salt is to be used for de-icing)	
Area 3: South of Circleville location – Pickaway Terrace, parking lots and inter-connecting sidewalks, inclusive of all lots and sidewalks on both Araphao Drive and Chickasaw Drive, including office lot and surrounding sidewalks. Primary address: 2195 Arapaho Drive. (Calcium Chloride on sidewalks instead of salt is to be used for de-icing)	
Area 4: Ashville Location – Louise Terrace, parking lot and surrounding sidewalk, 270 Lexington Avenue. (Calcium Chloride on sidewalks and parking lot instead of salt is to be used for de-icing)	
Area 5: Williamsport Terrace – Parking lot and surrounding sidewalks at South Water Street apartment complex, corner of S. Water Street & Deer creek Road	

The undersigned quoter hereby quotes the above amounts to complete the required work. By submitting this quote, the undersigned quoter agrees to abide by all terms and conditions listed within any document issued by PMHA pertaining to this issue.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 3 Employment Certification**

The company hereby certifies that it will make a good-faith effort to employ lower income project residents, utilizing the Pickaway Metropolitan Housing Authority and other such community-based organizations and service agencies. Contractors will be required to provide documentation upon request for the Housing Authority demonstrating compliance to this section.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Contractor, Supplier, Company Representative

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
Signature

**Acknowledgement**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature (SEAL)

My Commission Expires: \_\_\_\_\_

**DRUG FREE WORKPLACE COMPLIANCE AFFIDAVIT**

The undersigned bidder or agent, hereby certifies that he/she maintains a drug free workplace in compliance with the Drug Free Workplace Act set forth in 41 U.S.C.S et seq., and with the federal regulations promulgated by the Department of Housing and Urban Development in 24 C.F.R. 24 et seq., and further that:

- a. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on any premise under this contract.
- b. "Controlled Substance" for purposes of this statement means a substance listed on Schedules I through V, Section 202 of the Controlled Substances Act (21 U.S.C. Section 812), and as further defined by Federal Regulations (21 C.F.R. Section 1330.15).

By submitting a bid, I agree to furnish the Owner all documentation pertaining to this as it may be required

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Contractor, Supplier, Company Representative

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
Signature

**Acknowledgement**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature (SEAL)

My Commission Expires: \_\_\_\_\_

**DELINQUENT PERSONAL PROPERTY TAX STATUS AFFIDAVIT**

The undersigned bidder or agent, hereby confirms under oath, pursuant to Section 5719.042 of the Ohio Revised Code, that as of the date of the bid, my company **(was) (was not)** charged with delinquent personal property taxes on the General Tax List of Person Property for Pickaway County, Ohio. If such a charge for delinquent personal property exists on the General Tax List, the amount of such due and unpaid taxes, including due and unpaid penalties and interest shall be set forth below.

Delinquent personal Property Tax.....\$ \_\_\_\_\_

Penalties.....\$ \_\_\_\_\_

Interest.....\$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Contractor, Supplier, Company Representative

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
Signature

**Acknowledgement**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature (SEAL)

My Commission Expires: \_\_\_\_\_





